

N.B.—WRITE PAINTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH <u>Greenlee</u>				State <u>ARIZONA</u>		State File No. <u>1030</u>	
County <u>Greenlee</u>				Township <u>Duncan</u>		Registered No. _____	
City _____				No. _____		Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				How long in U. S. if of foreign birth _____ yrs. _____ mos. _____ ds.		How long in State when death occurred _____ yrs. _____ mos. _____ ds.	
2. FULL NAME <u>William Plummer Tippetts</u>				How long in State when death occurred _____ yrs. _____ mos. _____ ds.		(If non-resident give city or town and State)	
(a) Residence: No. <u>30 mi. N. E. Duncan</u>				St. _____ Ward _____			
(Usual place of abode)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>widowed</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Eveline Tristram Tippetts</u>							
6. DATE OF BIRTH (month, day, and year) <u>July 15, 1872</u>							
7. AGE		Years <u>61</u>	Months <u>5</u>	Days <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cattle Rancher</u>							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____							
10. Date deceased last worked at this occupation (month and year) <u>Dec 1, 1933</u>							
11. Total time (years) spent in this occupation <u>13 yrs.</u>							
12. BIRTHPLACE (city or town) <u>Three Mile Creek, Utah</u>							
(state or country) <u>Box Alder Co.</u>							
13. NAME <u>Hyrum Henry Tippetts</u>							
14. BIRTHPLACE (city or town) <u>Illinois</u>							
(State or country)							
15. MAIDEN NAME <u>Mary Ellen Tippetts</u>							
16. BIRTHPLACE (city or town) <u>Clay Co Missouri</u>							
(State or country)							
17. INFORMANT <u>Emil Tippetts</u>							
(Address)							
18. BURIAL, CREMATION, OR REMOVAL							
Place <u>Franklin</u> Date <u>Dec 31, 1933</u>							
19. UNDERTAKER <u>none</u>							
(Address)							
20. Filed <u>3/1</u> 19 <u>34</u> <u>Reginald Spry</u> Registrar							
(Address) <u>Box 231 Duncan Arizona</u>							
M. D.							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Dec 30</u> , 19 <u>33</u>							
22. <u>Dec 24</u> I HEREBY CERTIFY, That I attended deceased from _____, 19 <u>33</u> , to <u>Dec 30</u> , 19 <u>33</u>							
I last saw him alive on <u>Dec 30</u> , 19 <u>33</u> ; death is said to have occurred on the date stated above, at <u>7:30 P.</u> m.							
The principal cause of death and related causes of importance were as follows:							
<u>Pulmonary Tuberculosis 1926</u>							
Date of Onset _____							
Other contributory causes of importance:							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? _____							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? _____							
If so, specify _____ (Signed) <u>Everett Allen</u> M. D.							
(Address) <u>Box 231 Duncan Arizona</u>							